

## Filing at a Glance

Company: Lumbermen's Underwriting Alliance

Product Name: Workers Compensation

SERFF Tr Num: LMBR-125235248 State: Arkansas

Retrospective Rating

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: AR-PC-07-025470

Sub-TOI: 16.0000 WC Sub-TOI Combinations

Co Tr Num: 2007-95-WC-R

State Status:

Filing Type: Rate

Co Status: Pending

Reviewer(s): Betty Montesi, Carol  
Stiffler, Brittany Yielding

Author: Donna Bauman

Disposition Date: 07-17-2007

Date Submitted: 07-17-2007

Disposition Status: Approved

Effective Date Requested (New): 01-01-2008

Effective Date (New): 01-01-2008

Effective Date Requested (Renewal): 01-01-2008

Effective Date (Renewal):

## General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number: 2007-95-WC-R

Domicile Status Comments: N/A

Reference Organization: NCCI, Inc.

Reference Number: R-1396

Reference Title: Item Filing R-1396

Advisory Org. Circular: CIF-2007-05

Filing Status Changed: 07-17-2007

State Status Changed: 07-17-2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Lumbermen's Underwriting Alliance is a subscriber of the National Council on Compensation Insurance, Inc., and we follow NCCI for advisory loss costs, rules, rating plans, forms and statistical reporting for Workers Compensation and Employers Liability.

We are filing to adopt NCCI's Item Filing R-1396 regarding the update of the Retrospective Rating Plan hazard group relativities and the expected loss ranges, as set forth in NCCI circular CIF-2007-05. We request an effective date for all policies effective on and after January 1, 2008.

## Company and Contact

### Filing Contact Information

Donna Bauman,

Donna.Bauman@ins-lua.com

1905 N.W. Corporate Blvd.

(561) 994-1900 [Phone]

Boca Raton, FL 33431-7303

(561) 988-8297[FAX]

### Filing Company Information

Lumbermen's Underwriting Alliance

CoCode: 23108

State of Domicile: Missouri

1905 N.W. Corporate Blvd.

Group Code:

Company Type: Commercial

Property and Casualty

Boca Raton, FL 33431-7303

Group Name:

State ID Number:

(561) 994-1900 ext. [Phone]

FEIN Number: 43-0799570

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$25.00  
Retaliatory? No  
Fee Explanation: Item filing fee  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lumbermen's Underwriting Alliance	\$25.00	07-17-2007	14633945

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	07-17-2007	07-17-2007

## **Disposition**

Disposition Date: 07-17-2007

Effective Date (New): 01-01-2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Rate	Retrospective Rating Plan Manual State Special Rating Values	Approved	Yes

## **Rate Information**

Rate data does NOT apply to filing.

## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Retrospective Rating Plan Manual State Special Rating Values	Page 1	Replacement	RETRO NO. 2 (01-01-08).pdf



**RETROSPECTIVE RATING PLAN MANUAL  
STATE SPECIAL RATING VALUES**

**1. HAZARD GROUP DIFFERENTIALS**

<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>	<u>G</u>	
1.890	1.420	1.260	1.130	0.980	0.790	0.590	EFF. 01-01-08
1.860	1.400	1.240	1.130	0.970	0.780	0.590	EFF. 07-01-07

**2. TAX MULTIPLIERS**

a. State (non-F classes)	1.044	LUA EFF. 07-01-07
b. Federal classes, or non-F classes where rate is increased by USL&H Act Percentage	1.131	LUA EFF. 07-01-07

**3.a. EXPECTED LOSS RATIO**

.623	LUA EFF. 07-01-07
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**3.b. EXPECTED LOSS AND ALLOCATED EXPENSE RATIO +**

.683	LUA EFF. 07-01-07
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**4.a. TABLE OF EXPENSE RATIOS**

XXVII-F (Type B Company)	LUA EFF. 07-01-07
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**4.b. TABLE OF EXPENSE RATIOS FOR ALAE OPTION +**

XXVII-H (Type B Company)	LUA EFF. 07-01-07
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**5. TABLE OF EXPECTED LOSS RANGES**

2008	EFF. 01-01-08
2007	LUA EFF. 07-01-07

+ Retrospective Rating Flexibility Values - choice of option a or b available.

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document- Property & Casualty	<b>Review Status:</b> Approved	07-17-2007
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**Comments:**  
Transmittal attached.

**Attachment:**  
industry\_rates\_PCtransDoc\_intelligent.pdf

<b>Bypassed -Name:</b>	NAIC Loss Cost Filing Document for Workers' Compensation	<b>Review Status:</b> Approved	07-17-2007
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**Bypass Reason:** Does not apply

**Comments:**

<b>Bypassed -Name:</b>	NAIC loss cost data entry document	<b>Review Status:</b> Approved	07-17-2007
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**Bypass Reason:** Does not apply

**Comments:**

Filing information (see General Instructions for descriptions of these fields)				
9.	Type of Insurance (TOI)			
10.	Sub-Type of Insurance (Sub-TOI)			
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]			
12.	Company Program Title (Marketing title)			
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)		
14.	Effective Date(s) Requested	New:		Renewal:
15.	Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
16.	Reference Organization (if applicable)			
17.	Reference Organization # & Title			
18.	Company's Date of Filing			
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved		

## Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.	

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>				
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

**RATE/RULE FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	
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<b>2.</b>	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	
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☐ Rate Increase      ☐ Rate Decrease      ☐ Rate Neutral (0%)

<b>3.</b>	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	
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<b>4a.</b>	<b>Rate Change by Company (As Proposed)</b>
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

<b>4b.</b>	<b>Rate Change by Company (As Accepted) For State Use Only</b>
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

<b>5.</b>	<b>Overall Rate Information (Complete for Multiple Company Filings only)</b>
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		COMPANY USE	STATE USE
<b>5a</b>	<b>Overall percentage rate indication (when applicable)</b>		
<b>5b</b>	<b>Overall percentage rate impact for this filing</b>		
<b>5c</b>	<b>Effect of Rate Filing – Written premium change for this program</b>		
<b>5d</b>	<b>Effect of Rate Filing – Number of policyholders affected</b>		

<b>6.</b>	<b>Overall percentage of last rate revision</b>	
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<b>7.</b>	<b>Effective Date of last rate revision</b>	
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<b>8.</b>	<b>Filing Method of Last filing</b> (Prior Approval, File & Use, Flex Band, etc.)	
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<b>9.</b>	<b>Rule # or Page # Submitted for Review</b>	<b>Replacement or withdrawn?</b>	<b>Previous state filing number, if required by state</b>
01		[ ] New [ ] Replacement [ ] Withdrawn	
02		[ ] New [ ] Replacement [ ] Withdrawn	
03		[ ] New [ ] Replacement [ ] Withdrawn	